# City of Seattle Traditional Plan - 2009 Rates

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA  City Share & RSR Contribution  Employee Deduction	\$753.15 \$753.15 <b>\$0.00</b>	\$753.15 \$720.81 <b>\$32.34</b>	\$753.15 \$0.00 <b>\$753.15</b>	\$768.21 \$0.00 <b>\$768.21</b>
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$609.08 \$609.08 <b>\$0.00</b>	\$609.08 \$576.74 <b>\$32.34</b>	N/A	\$621.26 \$0.00 <b>\$621.26</b>
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$753.15 \$753.15 <b>\$0.00</b>	\$753.15 \$720.81 <b>\$32.34</b>	N/A	\$768.21 \$0.00 <b>\$768.21</b>
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$609.08 \$609.08 <b>\$0.00</b>	\$609.08 \$576.74 <b>\$32.34</b>	N/A	\$621.26 \$0.00 <b>\$621.26</b>
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$753.15 \$753.15 <b>\$0.00</b>	\$753.15 \$720.81 <b>\$32.34</b>	N/A	\$768.21 \$0.00 <b>\$768.21</b>
Local 77 City Share Employee Deduction	\$1,097.17 \$1,042.59 <b>\$54.58</b>	\$1,097.17 \$1,042.59 <b>\$54.58</b>	N/A	\$1,119.11 \$0.00 <b>\$1,119.11</b>
SPOG (LEOFF I) City Share Employee Deduction	\$782.07 \$742.99 <b>\$39.08</b>	\$782.07 \$742.99 <b>\$39.08</b>	N/A	\$797.71 \$0.00 <b>\$797.71</b>
SPOG (LEOFF II) City Share Employee Deduction	\$943.34 \$896.18 <b>\$47.16</b>	\$943.34 \$896.18 <b>\$47.16</b>	N/A	\$962.21 \$0.00 <b>\$962.21</b>
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$609.08 \$609.08 <b>\$0.00</b>	\$609.08 \$517.72 <b>\$91.36</b>	N/A	\$621.26 \$0.00 <b>\$621.26</b>
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$753.15 \$753.15 <b>\$0.00</b>	\$753.15 \$640.19 <b>\$112.96</b>	N/A	\$768.21 \$0.00 <b>\$768.21</b>

### **GROUP HEALTH STANDARD - 2009 RATES**

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$808.45 \$760.05 <b>\$48.40</b>	\$808.45 \$708.55 <b>\$99.90</b>	\$808.45 \$0.00 <b>\$808.45</b>	\$824.62 \$0.00 <b>\$824.62</b>
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$808.45 \$808.45 <b>\$0.00</b>	\$808.45 \$756.95 <b>\$51.50</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$808.45 \$760.05 <b>\$48.40</b>	\$808.45 \$708.55 <b>\$99.90</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$808.45 \$808.45 <b>\$0.00</b>	\$808.45 \$756.95 <b>\$51.50</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$808.45 \$760.05 <b>\$48.40</b>	\$808.45 \$708.55 <b>\$99.90</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>
Local 77 City Share Employee Deduction	\$935.21 \$888.45 <b>\$46.76</b>	\$935.21 \$888.45 <b>\$46.76</b>	N/A	\$953.91 \$0.00 <b>\$953.91</b>
SPOG (LEOFF I & II) City Share Employee Deduction	\$991.40 \$793.12 <b>\$198.28</b>	\$991.40 \$793.12 <b>\$198.28</b>	N/A	\$1,011.23 \$0.00 <b>\$1,011.23</b>
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$808.45 \$808.45 <b>\$0.00</b>	\$808.45 \$687.19 <b>\$121.26</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$808.45 \$687.19 <b>\$121.26</b>	\$808.45 \$687.19 <b>\$121.26</b>	N/A	\$824.62 \$0.00 <b>\$824.62</b>

# **GROUP HEALTH – DEDUCTIBLE 2009 RATES**

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$744.41 \$719.41 <b>\$25.00</b>	\$744.41 \$687.49 <b>\$56.92</b>	\$744.41 \$0.00 <b>\$744.41</b>	\$759.30 \$0.00 <b>\$759.30</b>
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$744.41 \$744.41 <b>\$0</b>	\$744.41 \$712.49 <b>\$31.92</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$744.41 \$719.41 <b>\$25.00</b>	\$744.41 \$687.49 <b>\$56.92</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$744.41 \$744.41 <b>\$0</b>	\$744.41 \$712.49 <b>\$31.92</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$744.41 \$719.41 <b>\$25.00</b>	\$744.41 \$687.49 <b>\$56.92</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>
Local 77	N/A	N/A	N/A	N/A
SPOG (LEOFF I & II) City Share Employee Deduction	\$731.48 \$694.92 <b>\$36.56</b>	\$731.48 \$694.92 <b>\$36.56</b>	N/A	\$746.11 \$0.00 <b>\$746.11</b>
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$744.41 \$744.41 <b>\$0</b>	\$744.41 \$632.75 <b>\$111.66</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$744.41 \$632.75 <b>\$111.66</b>	\$744.41 \$632.75 <b>\$111.66</b>	N/A	\$759.30 \$0.00 <b>\$759.30</b>

# CITY OF SEATTLE PREVENTIVE PLAN 2009 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share & RSR Contribution Employee Deduction	\$833.72 \$785.60 <b>\$48.12</b>	\$833.72 \$735.22 <b>\$98.50</b>	\$833.72 \$0.00 <b>\$833.72</b>	\$850.39 \$0.00 <b>\$850.39</b>
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$833.72 \$833.72 <b>\$0.00</b>	\$833.72 \$783.34 <b>\$50.38</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$833.72 \$785.60 <b>\$48.12</b>	\$833.72 \$735.22 <b>\$98.50</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$833.72 \$833.72 <b>\$0.00</b>	\$833.72 \$783.34 <b>\$50.38</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$833.72 \$785.60 <b>\$48.12</b>	\$833.72 \$735.22 <b>\$98.50</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>
<b>Local 77</b> City Share Employee Deduction	\$1,082.84 \$1,028.97 <b>\$53.87</b>	\$1,082.84 \$1,028.97 <b>\$53.87</b>	N/A	\$1,104.50 \$0.00 <b>\$1,104.50</b>
SPOG (LEOFF I & II) City Share Employee Deduction	\$1,060.08 \$1,007.10 <b>\$52.98</b>	\$1,060.08 \$1,007.10 <b>\$52.98</b>	N/A	\$1,081.28 \$0.00 <b>\$1,081.28</b>
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$833.72 \$833.72 <b>\$0.00</b>	\$833.72 \$708.66 <b>\$125.06</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$833.72 \$708.66 <b>\$125.06</b>	\$833.72 \$708.66 <b>\$125.06</b>	N/A	\$850.39 \$0.00 <b>\$850.39</b>

# **WASHINGTON DENTAL SERVICE 2009 RATES**

(Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$115.39 \$115.39 <b>\$0.00</b>	\$115.39 \$115.39 <b>\$0.00</b>	\$115.39 \$0.00 <b>\$115.39</b>	\$117.70 \$0.00 <b>\$117.70</b>
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$115.39 \$115.39 <b>\$0.00</b>	\$115.39 \$115.39 <b>\$0.00</b>	N/A	\$117.70 \$0.00 <b>\$117.70</b>
SPMA (LEOFF I & II) City Share Employee Deduction	\$115.39 \$115.39 <b>\$0.00</b>	\$115.39 \$115.39 <b>\$0.00</b>	N/A	\$117.70 \$0.00 <b>\$117.70</b>
Local 77 City Share Employee Deduction	\$124.41 \$124.41 <b>\$0.00</b>	\$124.41 \$124.41 <b>\$0.00</b>	N/A	\$126.90 \$0.00 <b>\$126.90</b>
SPOG (LEOFF I & II) City Share Employee Deduction	\$125.45 \$125.45 <b>\$0.00</b>	\$125.45 \$125.45 <b>\$0.00</b>	N/A	\$127.96 \$0.00 <b>\$127.96</b>
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$115.39 \$98.09 <b>\$17.30</b>	\$115.39 \$98.09 <b>\$17.30</b>	N/A	\$117.70 \$0.00 <b>\$117.70</b>

# Dental Health Services 2009 RATES (Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$129.65 \$129.65 <b>\$0.00</b>	\$129.65 \$129.65 <b>\$0.00</b>	\$129.65 \$11.14 \$118.51	\$132.24 \$0.00 <b>\$132.24</b>
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$129.65 \$129.65 <b>\$0.00</b>	\$129.65 \$129.65 <b>\$0.00</b>	N/A	\$132.24 \$0.00 <b>\$132.24</b>
SPMA (LEOFF I & II) City Share Employee Deduction	\$129.65 \$129.65 <b>\$0.00</b>	\$129.65 \$129.65 <b>\$0.00</b>	N/A	\$132.24 \$0.00 <b>\$132.24</b>
<b>Local 77</b> City Share Employee Deduction	\$149.85 \$149.85 <b>\$0.00</b>	\$149.85 \$149.85 <b>\$0.00</b>	N/A	\$152.85 \$0.00 <b>\$152.85</b>
SPOG (LEOFF I & II) City Share Employee Deduction	\$152.19 \$152.19 <b>\$0.00</b>	\$152.19 \$152.19 <b>\$0.00</b>	N/A	\$155.23 \$0.00 <b>\$155.23</b>
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$129.65 \$110.21 <b>\$19.44</b>	\$129.65 \$110.21 <b>\$19.44</b>	N/A	\$132.24 \$0.00 <b>\$132.24</b>

### **VISION SERVICE PLAN 2009 RATES**

(Fully Paid City Vision Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$7.59 \$7.59 <b>\$0.00</b>	\$7.59 \$7.59 <b>\$0.00</b>	\$7.59 \$0.00 <b>\$7.59</b>	\$7.74 \$0.00 <b>\$7.74</b>
LEOFF I & II (Non-Represented) City Share Employee Deduction	\$7.59 \$7.59 <b>\$0.00</b>	\$7.59 \$7.59 <b>\$0.00</b>	\$7.59 \$0.00 <b>\$7.59</b>	\$7.74 \$0.00 <b>\$7.74</b>
SPMA (LEOFF I & II) City Share Employee Deduction	\$7.59 \$7.59 <b>\$0.00</b>	\$7.59 \$7.59 <b>\$0.00</b>	N/A	\$7.74 \$0.00 <b>\$7.74</b>
<b>Local 77</b> City Share Employee Deduction	\$9.83 \$9.83 <b>\$0.00</b>	\$9.83 \$9.83 <b>\$0.00</b>	N/A	\$10.03 \$0.00 <b>\$10.03</b>
SPOG (LEOFF I & II) City Share Employee Deduction	\$23.91 \$23.91 <b>\$0.00</b>	\$23.91 \$23.91 <b>\$0.00</b>	N/A	\$24.39 \$0.00 <b>\$24.39</b>
Fire Chiefs (LEOFF I & II) City Share Employee Deduction	\$7.59 \$6.45 <b>\$1.14</b>	\$7.59 \$6.45 <b>\$1.14</b>	N/A	\$7.74 \$0.00 <b>\$7.74</b>

2009 MONTHLY PREMIUM RATES FOR TEMPORARY & INTERMITTENT EMPLOYEES				
Traditional/Washington Dental Service/ VSP	\$876.13			
Preventive/Washington Dental Service/VSP	\$956.70			
Group Health - Standard/Washington Dental				
Service/VSP	\$931.43			
Group Health - Deductible/Washington Dental				
Service/VSP	\$867.39			
Traditional/Dental Health Services/VSP	\$890.39			
Preventive/Dental Health Services/VSP	\$970.96			
Group Health - Standard/Dental Health Services/VSP	\$945.69			
Group Health - Deductible/Dental Health Services/VSP	\$881.65			

DOMESTIC PARTNER HEALTH INSURANCE 2009 MONTHLY TAXABLE VALUES				
Most City Employees	Medical	Dental	Vision	Total
Preventive - Domestic Partner	\$278.65	\$52.20	\$3.29	\$334.14
Traditional - Domestic Partner	\$296.69	\$52.20	\$3.29	\$352.18
Group Health Standard - Domestic Partner	\$277.53	\$52.20	\$3.29	\$333.02
Group Health Deductible - Domestic Partner	\$297.11	\$52.20	\$3.29	\$352.60
Per Child	\$147.01	\$27.76	\$1.47	\$176.24
Seattle Police Officer's Guild Employees	Medical	Dental	Vision	Total
All Medical Plans - Domestic Partner	\$468.91	\$64.68	\$10.36	\$543.95
Per Child	\$209.51	\$34.39	\$4.63	\$248.53
Local 77 Employees	Medical	Dental	Vision	Total
All Medical Plans - Domestic Partner	\$459.64	\$62.01	\$3.98	\$525.63
Per Child	\$205.37	\$32.97	\$1.78	\$240.12
Fire Chief (LEOFF 1)	Medical	Dental	Vision	Total
Preventive - Domestic Partner	\$203.97	\$52.20	\$3.29	\$259.46
Fraditional - Domestic Partner	\$237.67	\$52.20	\$3.29	\$293.16
Group Health Standard - Domestic Partner	\$207.77	\$52.20	\$3.29	\$263.26
Group Health Deductible - Domestic Partner	\$217.37	\$52.20	\$3.29	\$272.86
Per Child	\$147.01	\$27.76	\$1.47	\$176.24
Fire Chief (LEOFF 2)	Medical	Dental	Vision	Total
Preventive - Domestic Partner	\$329.03	\$52.20	\$3.29	\$384.52
Fraditional - Domestic Partner	\$216.07	\$52.20	\$3.29	\$271.56
Group Health Standard - Domestic Partner	\$329.03	\$52.20	\$3.29	\$384.52
Group Health Deductible - Domestic Partner	\$329.03	\$52.20	\$3.29	\$384.52
Per Child	\$147.01	\$27.76	\$1.47	\$176.24

#### **2009 RATES**

#### **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

**Hartford Insurance Company** 

Monthly Premium: Fully paid by employee

Employee Only Coverage: \$0.015 per \$1,000 of Benefit Employee & Family Coverage: \$0.025 per \$1,000 of Benefit

#### **GROUP TERM LIFE INSURANCE**

**Standard Insurance Company** 

Basic Coverage: Monthly Premium: \$0.135 per \$1,000 of benefit

City Share: \$.054

Employee Deduction: \$0.081

Supplemental Coverage:	Monthly Premiu	ım per \$1,000 o	f coverage

Age	Premium	Age	Premium
0 - 29	\$0.032	50 - 54	\$0.232
30 - 34	\$0.048	55 - 59	\$0.360
35 - 39	\$0.064	60 - 64	\$0.552
40 - 44	\$0.090	65+	\$0.960
45 - 49	\$0.152		

# LONG TERM DISABILITY INSURANCE

**Standard Insurance Company** 

**Non-Uniformed Employees Plan Monthly Premium:** 

City-Paid Basic Coverage: .45% of first \$667 of insured earnings
Employee-Paid Optional Coverage: .75% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM: 2009 cost, \$42.00 per Budgeted Position per Year